



Planning & Development • 10770 West Oakland Park Blvd. • Sunrise, FL 33351 • 954.746.3270

## Developer Permit Questionnaire

### TO BE SUBMITTED BY THE ARCHITECT OR DEVELOPER

*Any omission of applicable information will cause this application to be returned.*

- ☐ A. Completed Permit Questionnaire
- ☐ B. An 8 ½" x 11" copy of the **site plan and floor plan**.
- ☐ C. A copy of the Broward County Property Appraisers web site page for the subject parcel.
- ☐ D. An authorization letter from the fee-simple titleholder, if the permitting party is not the fee simple titleholder.
- ☐ E. **\$225.00 Processing Fee.**

Date: \_\_\_\_\_

1. **Project Name:** \_\_\_\_\_
2. To your knowledge has any project ever been planned for this property before? If so, what was its name?  
\_\_\_\_\_
3. **Project Location /address** (Use street names or distances from nearest major roadways): \_\_\_\_\_  
\_\_\_\_\_
5. **Folio #** (Property ID #): \_\_\_\_\_
4. **Current owner** of property and business identity: \_\_\_\_\_
5. **Project Architect** and phone number: \_\_\_\_\_
5. **Project Engineer** and phone number: \_\_\_\_\_
6. *Complete the following section carefully, it will serve as the basis for fee calculations. If information provided is incorrect, fees quoted will be incorrect. Fees paid will be those in effect at the time of remittance and execution of the City Permit.*
  - I. Type of Development planned - **if mixed use, indicate all uses.**
    - A. **Single Family Residence :**
      - # of Units: \_\_\_\_\_  
(The City's definition of a single family residence is any unit that has its own water meter)
    - B. **Multi-Family Residence :**
      - # of Units: \_\_\_\_\_
      - Cooling Tower: (No): \_\_\_\_\_ (Yes): \_\_\_\_ (attach signed and sealed consumption calculation)
    - C. **Restaurant :**
      - Hours of operation: \_\_\_\_\_
      - Ordinary (# of Seats): \_\_\_\_\_
      - Bar & Cocktail Lounge (# of Seats): \_\_\_\_\_
      - Drive In/Carry Out (Gross Square Feet): \_\_\_\_\_
    - C. **Doctor's Office:**
      - Number of Doctors: \_\_\_\_\_
      - Number of Staff: \_\_\_\_\_

- D. **Dentist Office:**
- Number of Dentists: \_\_\_\_\_
  - Number of Staff: \_\_\_\_\_
- F. **Shopping Centers/Stores without food or laundry:**
- Gross Sq. Feet: \_\_\_\_\_
  - Cooling Tower: (No): \_\_\_\_ (Yes): \_\_\_\_\_ (attach signed and sealed consumption calculation)
- G. **Schools:**
- # Students: \_\_\_\_\_
  - # of Faculty: \_\_\_\_\_
  - Showers: (Yes): \_\_\_\_ (No): \_\_\_\_
  - Cafeteria: (No): \_\_\_\_ (Yes): \_\_\_\_ # of seats
  - Cooling Tower: (No): \_\_\_\_ (Yes): \_\_\_\_\_ (attach signed and sealed consumption calculation)
- H. **Office Building:**
- Gross Square Feet: \_\_\_\_\_
  - Cooling Tower: (No): \_\_\_\_ (Yes): \_\_\_\_\_ (attach signed and sealed consumption calculation)
- I. **Service Station:**
- # Water Closets: \_\_\_\_\_
- J. **Car Washes:**
- # of Bays: \_\_\_\_\_ (% of Reclaim)
- K. **Barber/Beauty Shops**
- # of Chairs: \_\_\_\_\_
- L. **Hospital/Nursing Home:**
- # of Beds: \_\_\_\_\_
  - Dining Facilities - # of Seats: \_\_\_\_\_
- M. **Churches:**
- # of Seats: \_\_\_\_\_
- N. **Laundromat:**
- # of Machines: \_\_\_\_\_
- O. **Hotel/Motel**
- Regular (# of Rooms): \_\_\_\_\_
  - Restaurant Facilities (# of Seats): \_\_\_\_\_
  - Laundry Facilities: (Yes): # of machines \_\_\_\_\_ (No): \_\_\_\_
  - Cooling Tower: (No): \_\_\_\_ (Yes): \_\_\_\_\_ (attach signed and sealed consumption calculation)
- P. **Warehouse:**
- # of employees/8 hour shift: \_\_\_\_\_
  - # of bays: \_\_\_\_\_
  - # of self storage units: \_\_\_\_\_
- R. **Other (Please specify):** \_\_\_\_\_
- Cooling Tower: (No): \_\_\_\_ (Yes): \_\_\_\_\_ (attach signed and sealed consumption calculation)

II. **Number of Acres:** \_\_\_\_\_

III. **Size and number of water meters as determined by the Engineer of Record:** \_\_\_\_\_

IV. **General Information:**

Describe current plans for phasing, if any: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- A. Give the name, address and phone number of the Developer and name and title of one representative/officer of Developer who will be signing the agreement.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nine digit Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

- B. Give the name, address and phone number of the party who will be responsible for paying the Guaranteed Revenue Bill:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

- C. Give the name, address and phone number of individual to whom all correspondence, etc., concerning this project can be sent:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Nine digit Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

After the above information is reviewed, you will be contacted if further discussion is needed.

I have read the attached information sheet and understand it fully. I further hereby affirm that I am the authorized agent of the property owner and that the information provided herein is true and correct to the best of my knowledge and belief.

Applicant's Signature: \_\_\_\_\_  
(*Architect or Developer*)

Print Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_